

A  
**New Scheme**

FOR THE PAYMENT OF MEDICAL MEN  
BY THE STATE.

BY  
FREDERICK HENRY ALDERSON, M.D.

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With the Author's compliments—



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# NEW SCHEME

FOR THE PAYMENT OF MEDICAL MEN  
BY THE STATE,

FOR

FREE MEDICAL AND SURGICAL ATTENDANCE  
FOR THE PUBLIC  
(NOT PAUPERS).

BY

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*"Medical Attendance on the Sick Poor (not Paupers),"*

*"The Danger of the Non-Regulation of the Practice of Midwives,"*

*"State Pensions for the Aged,"*

*And of various pamphlets on medical and surgical subjects.*



# STATE REMUNERATION OF MEDICAL MEN <sup>1</sup>

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PRESIDENT OF THE MEDICAL PRACTITIONER'S ASSOCIATION.

THE remuneration of medical men is a subject that has for some time occupied my careful attention ; and I have thought it to be a topic both of importance and of interest to the great majority of the profession, and one, if introduced as the subject of a paper in a society as this, which has for its object the interest, the advancement, and the prosperity of the profession, might provoke a useful, interesting, and profitable discussion, particularly as of all the professions the medical is perhaps the most useful, the most valued, but unfortunately in many localities the worst remunerated.

The inadequate and small incomes of numerous doctors, and who are yet very laboriously occupied must be familiar to most if not to all, for it is no doubt the cause of much distress in our ranks, necessitating as it does many privations, and militates I think even against accuracy of diagnosis, in consequence of the very limited time at the disposal of those practitioners who receive very small fees from a large number of their patients. It is, therefore, my intention this afternoon to avail myself of the privilege and the opportunity that I am offered, as your president, to suggest as far as I know an entirely new method of payment of the medical man, by a plan which I am encouraged to think would prove acceptable to the public, and whereby the profession would be relieved from poverty, and have more time and ability to advance the science and art of medicine and surgery.

It has become my conviction that it is desirable that government should undertake to provide medical and surgical aid for all its citizens (irrespective of position) just as it now provides education for all by the School Board ; so should it offer medical skill and surgical aid for all when overtaken by accident or disease—*i.e.* : Free medical attendance for

<sup>1</sup> Read before the Medical Practitioner's Association, at Exeter Hall November 7th.

all (if desired) ; for of course it could not be compulsory, and this not as a charity, but as a natural personal right that an enlightened and beneficent government provides for its people, and the State medical men should be paid by annual and liberal stipend.

The question then arises, how is this universal medical aid to be accomplished ? and so while remunerating the doctor adequately, not to impoverish the nation, nor to deaden or lessen the spirit of self help and honest independence that is hurtful to destroy and so desirable to encourage.

Before explaining the scheme I will quote a few remarks from an address delivered by Dr. Ernest Hart, at Washington, the author<sup>2</sup> mentions "that under the stress of modern social development, under the pressure of the modern temptations for advertising, the severity of competition, in view of the arts of those who make advertisements a business and a profit, in presence of the temptation held out to draw medical men from the ancient paths of modesty and self effacement ; there is now stronger reason than ever to fortify ourselves against these growing and innumerable seductions by a code of laws, so exact and so far-reaching that the physician never need be in doubt as to what is his duty in any complication, or in the face of any doubtful case in which he may feel inclined to give himself the benefit of the doubt." The scheme that I am about to suggest for the payment of the doctor would, I think, very greatly fortify medical men against the inducements and temptations that now exist to wander from the strict path of honour, the clean pathway of gentlemanly and honest conduct, much more so than any code of laws for our guidance, however excellent, that it could be possible to devise and still more impossible to enforce.

For this necessity does appear to exist for the devising of some plan or some guiding controlling influence ; some inhibitory power in these days of overcrowding and injurious competition, by which it may be rendered safe to practise the mysteries of the hypnotic cure without peril, or to replace the services of the old fashioned useful mechanical rubber by the accomplished physician-masseur, or by the learned medical electrician.

<sup>2</sup> *Vide British Medical Journal*, page 882, October 21st, 1893.



Conscious as I am that my scheme may at first appear even somewhat crude and visionary in its conception, and that it is both defective and capable of vast improvement and of much alteration, I ask your kind indulgence for its imperfections, and also your able assistance for its improvement.

### SCHEME.

*A scheme for the creation of State Medical appointments, and for the payment by government of the large majority of medical men by fixed annual stipend.*

- (1) That every country in Great Britain and Ireland should be mapped into various districts, and that every district should have allotted to it according to its area and population, a fixed number of medical men to whose care and treatment the health of the district should be entrusted.
  - (a) The medical incumbents should be paid by annual stipend, and whose duty it should be to attend to any person when ill who was not a pauper and who was resident in their district.
  - (b) For example, a district that contained 30,000 inhabitants, should have appointed to it a medical staff, consisting of ten general practitioners, one physician and two surgeons (pure consultants), one gynæcological and obstetric physician.
- (2) These appointments should be conferred by the Local Government Board upon medical men who had been previously nominated by a committee of selection.
  - (a) This committee should consist of the chairman of the vestry (or if a corporate town of the mayor), a justice of the peace, and of any general practitioner who was a member of the vestry, corporation, or town council.
  - (b) The election should be confirmed by the general medical council, whose duty it would be to see that the qualifications of the medical man elected were sufficient, and by whom alone the appointment could be cancelled after an official enquiry by the Local Government Board.
- (3) The appointments should be permanent unless just cause for dismissal, or until the age fixed for retirement or incapacitated by illness.

- (4) The physician should be any doctor of medicine of forty years of age who had graduated at an English university, and if the appointment were in England also a member of the Royal College of Physicians, London. If the appointment were in Scotland the candidates qualifications should have been obtained from the University and Royal College of Physicians, Edinburgh, and if for Ireland from the University and College of Physicians of Dublin.
- (a) The surgeons should be experts, and their duties purely consultant and operative. They should be thirty years of age, and Fellows of the Royal College of Surgeons of England, Edinburgh or Dublin, according to the division of the kingdom in which they would practise.
- (b) For any of these State appointments, a general practitioner should be eligible if his previous experience and abilities were considered by the committee of selection and the Local Government Board sufficient.
- (5) The general practitioner should be any duly qualified medical man (registered), whose qualifications had been obtained in the United Kingdom, and whose name had been on the register not less than three or five years.
- (6) The physician's salary should not be less than £1000 a year, and not exceed £10,000. The salary of the obstetric physician should not be less than £1,000 a year, and should not exceed £5,000. The salary of the surgeon should not be less than £1,000 a year, and not exceed £5,000.
- (a) It would be desirable if the senior physician or senior surgeon who had held his appointment ten years of a leading and important district, should have government promotion and a seat in the Ministry if deemed of sufficient eminence, where, as a medical adviser of the government his opinion and counsel would be of considerable value to the State.
- (b) To the very valuable State appointments with a considerable stipend only medical men of distinction and pronounced ability would be appointed, who had, by their surgical discoveries and their contributions to medical literature, enriched the profession, and were deserving of the nation's gratitude.

- (c) The district general practitioner's salary should be not less than £300 per annum, but the medical incumbent of certain districts as St. George's, Hanover Square, Kensington, Paddington, and other wealthy districts should be as high as £1,000 to 2,000 per annum.
- (d) It would be desirable that these district appointments should vary in remuneration, social position and work, so that by giving opportunities of promotion they should stimulate ability and encourage science and industry. An elderly man or a man in feeble health or private means might desire less work and smaller stipend. A middle aged man, a large income with many opportunities for usefulness. In country districts of large area and the salary only £300 a year, a carriage or assistant should be provided.
- (7) Any general practitioner who attended 100 cases of midwifery annually or more, should also, if he desired, be entitled to the services of his registered midwife, (or as I would prefer calling her obstetric nurse) but who would only attend normal labours and under the general practitioner's supervision and responsibility. I think possibly for a town of 30,000 inhabitants, ten midwives might be sufficient, but if a large country district more might be appointed.
- (a) The duties of the obstetric physician would be purely consultant, neither should he conduct the labour or operate except when requested by the medical man in charge, he would be responsible that every parturient woman in his district receive medical aid and efficient nursing.
- (b) The duties of the state general practitioner would include midwifery, but there should be a few district appointments excluding the practice of obstetrics.
- (8) Provision for the payment of the stipends of the state doctors should be provided in the provinces, the same as in the case of the School Board, in London out of the Metropolitan management rate, and medical or surgical attendance should be free to any person who was rated by the parish at 40 guineas a year or less, if rated above that amount the vestry or parish should at the expiration of the patient's illness levy a charge of one guinea per week for medical attendance ; if his residence were rated

at £60, a fee of two guineas per week should be recovered, and in rich districts of highly rented houses the amount should be increased *pro rata*.

- (a) I believe this clause of modified fixed payment would work well, and would also prevent the health tax for free medical attendance becoming excessive or the rates being over-weighted by the scheme, for the fee would only be recovered from those richer patients who could well respond to the demand for the more than corresponding benefit they had received, and who would too most assuredly have had under the present system a much larger sum demanded of them by the doctor's bill. (It would be open for the *Vestry* to remit this fee at the suggestion or approval of the doctor), *i.e.* in very exceptional cases.
- (b) This after-charge would also probably cause some men with conservative instincts to adhere to the old plan and to provide as now for their medical or surgical attendance, and the scheme might be rendered more acceptable to those medical men who assured of their own ability and eminence, or failing to receive desirable appointments, prefer to practise independent of the State.

(9) DUTY OF THE STATE PHYSICIAN AND STATE SURGEON.

It would be the duty of the State physician to respond to the request of the district medical practitioner to meet him in consultation, or at the request of the patient for the doctor in difficult cases of doubtful diagnosis, to arrange consultation with the State physician if a medical case, or with the State surgeon if surgical; but it should not be the duty of the surgeon to operate unless requested by the State practitioner, neither should the State physician or State surgeon visit the patient, except in consultation with the district medical practitioner in attendance.

- (10) In the case of those patients whose houses were rated above forty guineas, the consultant's fee of one or two guineas, according to the position of the patient, should be recoverable by the vestry or parish, and go the fund for providing the State with medical aid.
- (11) No medical man holding these appointments would be permitted to charge or accept fees, except for obstetric engagements.



## FREEDOM OF SELECTION.

- (a) The choice of the public in selecting a medical man in small towns or districts would be as now limited, but as far as possible no district should contain less than five or six thousand inhabitants, as this would allow some choice in the selection of the family doctor ; but when once selected, except in cases of wilful neglect, he should not, without grave reason, be supplanted during an illness, and the usual laws of medical ethics between medical men accepting State appointments would be observed, and if necessary rigidly enforced.
- (b) If a patient selected a doctor residing at an inconvenient distance, it should be optional for him to refuse continuing his attendance after his first visit, referring the patient to a nearer State district practitioner.

## PROMOTION.

- (12) The State practitioner's promotion should be regulated by the usefulness of his work, both to the profession and the public, by the length of time he had held his appointment, and by the appreciation of his services by the public, as evinced by the number of his patients and his successful practice. Promotion should be of two kinds : by increased stipend, or by removal to a more important and lucrative district.
- (a) The scheme for its completeness should include a night medical service ; for crowded as the profession is in London and our large towns, it is not infrequently difficult to procure medical aid in the night unless the patient is well known to the doctor. How seriously this night work affects the middle aged man is known and felt by most of us, and if the public knew only in part, not only its discomfort, but how damaging to the constitution, they would not be surprised at the reluctance occasionally displayed to respond to the unknown night call. In my retiring address when president of the West London Medico-Chirurgical Society I alluded to this much-felt public want, and I said "there should be in all large cities and large towns a night medical service for the aid of persons taken suddenly ill between midnight and 8 a.m., and who were unknown to any

doctor in the locality, as is now formed in Paris ; the fee for a night call should be 10s. 6d., and should be paid for out of the rates." A list of medical men willing to give their services in the night should be kept by the police and suspended in public places such as the Vestry Hall, or on the doors of our churches and chapels.

- (b) Night duty, unless desired by the senior state general practitioner, should fall to the two youngest practitioners ; who, instead of a fee per case, should have an addition of not less than ten guineas, or more than fifty guineas added to his stipend.

#### NON-STATE PRACTICE.

- (13) The privilege of unrestricted and independent practice should only be permitted to medical men above thirty years of age, and to whom a state annual license would be granted by payment of a yearly tax, but this tax should not apply to any now in practice. The license for special practice might be obtained earlier than the age of thirty, if the medical man had evinced special knowledge and unusual skill in any particular branch of either medicine or surgery—such as, the eye, the ear, the throat, the bladder, and urinary organs, or the skin. Useless specialism would be guarded against, and would receive no special recognition tending as it has done in the past to contract the opportunities of acquiring and imparting special knowledge by and to the students of medicine and surgery.

#### RETIREMENT.

- (14) The State physicians should retire at the age of sixty-five with a pension not less than one tenth and not more than one fifth of his salary, according to the length and efficiency of his services. The State surgeons should retire at the age of sixty, and the State district practitioner at sixty-five, the same regulations applying as to the amount of pension that should be fixed for the physicians or surgeons.
- (15) That I might be able to prove the reasonableness of this scheme of free medicine, I have devoted some

attention to the probable cost that this free medical scheme would entail, and the probable number of State doctors that would be required.

Population 1893.		No. of doctors.	Proportion to population.
29,407,000.	England and Wales	... 19,811 =	one to 1484
4,699,000.	Ireland ... ..	... 2,450 =	„ 1913
4,120,000.	Scotland ... ..	... 2,974 =	„ 1385
<hr/>			
		25,235	
4,211,056.	London ... ..	... 5,407 =	„ 778
25,195,944.	England and Wales (excluding London).	... 14,404 =	„ 1749

Statistics are dry and uninteresting to hear; but I must direct your attention to the fact that here in London we have no less than 5407 medical men, average one doctor to every 778 persons. The average of medical men in the country is *only* one to 1749. The area being very much greater in the country, and the distances that the doctors have to travel being so much greater, it follows that a much larger proportion are in reality required in the provinces than in London, the contrast is very striking and suggestive.

I have therefore endeavoured to ascertain the probable number of doctors that would be required for these State medical districts, in crowded cities like London we might reckon that one doctor to every two thousand of population would supply the public need. Being familiar with the parish of Hammersmith, having resided in the parish thirty years, I have selected that town, whose inhabitants are neither rich nor poor, as a fair example of what might be necessary to provide such a district with adequate medical aid without cost to the patient. Hammersmith at the last census April, 1891 had a population of 100,969. 3,000 are under the care of five union medical officers; 20,000 are hospital patients; 10,000 might prefer to provide their own medical or surgical attendance.

I estimate, therefore, Hammersmith would require to be divided into thirty districts, giving a population of two thousand to each. In twenty of these district the general practitioner's stipend should be £500 per annum, the other ten £300. This would cost £13,000, a sixpenny rate

would produce £13,645 9s., the rateable value of Hammer-smith is £545,818. If a large proportion were recoverable from the patients whose rateable value exceeded 40 guineas, even a threepenny rate might be sufficient. A large number of the population is attended by the club doctor, such as Foresters, Hearts of Oak and Odd Fellows; if these men availed themselves of the State doctor, they should pay six shillings a year to the tax collector for medical attendance—*i.e.*, supposing he paid no rates.

The rateable value of St. George's, Hanover Square, is £1,848,823, a sixpenny rate producing £46,220 11s. 6d. The population is 78,364, deduct 4,000 for hospital patients, 20,000 who would as now provide their own medical and surgical attendance, and 3,000 for paupers. Probably 45,000 would remain for whom it would be necessary for the Government to make State medical provision. By creating 20 medical district State appointments. Ten with a stipend of £2,000, and ten with £1,500 = £35,000, a sixpenny rate here would leave a large balance to go to poorer districts, and also the large sum that would be recoverable from those rated above forty guineas.

The population of Kensington is 166,308, more than double the number of St. George's, but its population is not nearly so well off, a penny rate only producing £8,484 11s., and a sixpenny rate £50,907. St. George's £7,703 8s. 7d. = £46,220 11s. 6d., judging that probably as many as 26,000 might desire to remain dependent upon their wealthy means to supply them with the best of medical and surgical skill.

Estimated number who would still provide and pay	...	26,000
3,757 paupers were relieved last year. Average	...	4,000
Hospital patients	...	50,000
Club patients and others	...	6,000
		<hr/>
		86,000

This would leave of the parish of Kensington 80,000 to be provided for by the State, and I think sixty doctors would comfortably and creditably supply the medical wants of those who desired State medical aid giving an average of about 1,500 to each medical man; if thirty received an annual income of £1,000, and thirty £500 would only amount to £45,000, which a 6d. rate would more than cover, leaving



all that might be recovered from the highly rated wealthy inhabitants to go to the State medical fund for the poorer districts.

I will not weary you with further details of statistics that are always so dry to listen to further than to tell you that a 6d. rate for Kensington produces £50,907 5s. od. and for Paddington £33,214. The scheme therefore I think is not impossible although it would require much actuarial skill for its success as well as great and careful judgment in the division of the districts and the arrangement of the various stipends.

*Free* medical and surgical attendances for all who needed and desired it (for the patient is probably the better judge), would confer upon a very large number of persons with limited means, and upon whom illness falls with a crushing weight, a great blessing, and be accomplished with very little, if any, appreciable burden to the public; and while free medical aid would rival the school board in its utility and far seeing results, and in the much improved health of the population, prove a greater gift than that of free education, for it would not, as the school board be obtained at the expense or by the privation of others equally deserving and only a little removed from the need of its benefits.

Neither would the rate that would ultimately be paid, if this scheme ever became law, have to be increased five or six fold which followed the passing of Mr. Foster's act. No money would be wasted on magnificent buildings for we should need none; for we should require neither architects nor builders, and a large proportion of the incomes of the State medical practitioners would be recouped by the claims in the scheme allowing a charge to be levied from a section of the public at the termination of the illness, who were well able to pay the additional fee.

Perhaps even greater than the disadvantages I have already mentioned as must exist under the present system, such as an overcrowded profession, a difficulty in procuring by people of limited means early medical aid, or the unequal distribution of medical men, is the inconvenience occasioned by the great diversity of medical fees to which I desire to especially draw your attention and which subject is I have reason to think of interest to the profession as well as agitating somewhat the public mind.

*The Diversity of Fees.*—That the surprising difference in the fees of medical men with the same qualifications and of the same position should strike the public as unaccountably strange, is not to be wondered at nor is it very easily explained.

They are told at one time, it is the great reputation of the physician, or the expertness of the operator in the surgeon, or the distance, or the scientific attainments of the expert, or of the popular doctor or perhaps on the contrary the greed of the few, and although there is truth in each of these reasons or in the combination of all, the exceptions are so frequent and so common that we ourselves cannot be surprised at the bewilderment and even at the annoyance of the public who are, especially in sudden illness, quite uninformed and ignorant as to how they should reward the services of the profession adequately and even not grudgingly, but without that lavishness that is unreasonable and which they perhaps can so ill afford.

The opinion of our patients on this question is sometimes not very complimentary to us, and must sometimes, too, have directed our thoughts to the wisdom and necessity of adopting some remedy, for we are well aware of the strange and unaccountable variation of both medical and surgical fees. One physician will visit five or six miles and expect at least five or six guineas, and another of equal position and with exactly the same qualifications will accept a solitary guinea with a smile and a thank you; and the physician's fees at their residences vary even more, one physician charging two guineas for each consultation, others only one, and the fee intentionally omitted every other visit; neither is the number small who are known to give even three consultations for the single fee, and thus encroaching much, and perhaps unfairly, on the lines of the general practitioner. But the diversity in the fees of the surgeon are more striking; a surgeon of eminence and whose time is very valuable may charge, and justly charge, a hundred guineas for a successful lithotomy, or for crushing; another equally eminent surgeon may cut or crush for the modest fee of five or ten guineas. And these differences in surgical fees are still greater in many minor operations, and are then much more annoying to the patient—and here allow me to make a great difference between the charging and the receiving a large fee.

Many surgeons will excise a tonsil for a guinea. I have often removed both for this, perhaps too small, a fee. Another surgeon, if a specialist, will charge ten, twenty, or even thirty guineas. I have known a surgeon excise an elongated uvula for five or ten shillings (indeed, I have done it myself), another will charge, I believe, two, five, or ten guineas. A late very eminent surgeon specialist charged a hundred guineas for this not very difficult operation. A former fellow student of mine, and with similar qualifications but now a specialist and a man of eminence, would probably charge twenty guineas for a similar minor operation.

And neither is the skill and experience of the surgeon always on the side of the receiver of the heavy fee. I remember, certainly many years ago, hearing of an obstetrician receiving twenty guineas for a confinement and leaving the placenta in the uterus.

Medical and surgical aid regulated and provided by the Government would tend to equalise somewhat this strange anomaly of such vast disparity in the remuneration of our profession. Of course, under the scheme I propose, medical men's stipends would vary as their experience and talent must vary, but care would be taken that no large salary would be obtained, or if obtained would not be continued, unless there was found to be corresponding skill. And I feel confident the scheme would enable the public more correctly to recognise and estimate the ability, skill, and experience of the physician, surgeon and general practitioner.

#### ADVANTAGES.

Now the advantages of my proposed scheme of remuneration by the State are quite as many and quite as important as the disadvantages of our present mode of payment.

(1) It would cause medical men to be more equally distributed and to locate themselves, or rather be appointed, to districts and neighbourhoods where their services were needed and in consequence overcrowding would gradually cease.

(2) There would be prompt and efficient aid, medical or surgical, for all, and this, irrespective of wealth, position, or station, must eventually prove a remedy for hospital abuse and a death blow to quackery, to the medical aid association and their middle man, to the sick clubs, the provident dispensaries, and to the open shop.

(3) It would tend to the encouragement of science, to satisfy ambition, to reward ability, talent, and useful discoveries, both for the treatment and for the prevention of disease.

(4) It would lessen materially the present poverty of the profession, for the number of doctors would in time be regulated according to the population and their requirements.

(5) There would be a great saving of valuable time, practices would be more localised and would be more frequently interchanged than is the case now, and a retirement clause would render it necessary for medical men to retire at an earlier date, before the surgeon's hand had lost its skill, or the physician's ear its keenness.

(6) The scheme, if practicable, and I cannot conceive (difficult as I will allow) that it is impracticable, would probably settle, and settle satisfactorily, the burning midwifery question, upon which so much time, both of the public and the profession, and even government up to the present, has been almost uselessly expended.

(7) It would prevent the wasted time in early years, and afterwards, by our less scattered practice, also prevent the very limited time that the present system affords to the busy practitioner to keep himself in touch with the constant advancement of new methods of treatment, and of the ever-increasing discoveries by which we may more readily and quickly recognise the earliest onset and first symptom of disease. May I claim your kind attention to a few remarks on some of these advantages.

#### UNEQUAL DISTRIBUTION.

(1) The unequal distribution of medical men I have already fully alluded to, and at the risk of some tautology repeat the striking fact that there is only one doctor in the country for every 1749 of the population, and in Ireland even less, one for every 1913, when in London where the population is so dense and the area so circumscribed we have as few as 778 of the population to each medical man.

#### PROMPT AND EFFICIENT AID.

(2) There would be prompt and efficient aid provided without cost (or except to those who could amply afford) for all when overtaken with sickness or accident. When



disease is but trifling and not serious there are too lavish opportunities for the procuring of medical advice but this is not always the case if illness occurs suddenly or in the night, grievous delay may not infrequently occur which materially increases the number of incurable cases, and adds much to the mortality rate, this delay occurs most frequently to the man with large family and small means, and with but limited credit, and with laudable anxiety to escape debt, is reluctant to call in medical aid, and to incur what he could ill afford to pay a doctor's bill, especially is this the case if the duration of the illness is long, the labouring classes have done much to prevent this delay in procuring medical aid by their clubs, but too often at the expense of the doctor, allowing what was intended solely for the wage earning class to be participated in by tradesmen and many others able to pay the ordinary fees of the general practitioner, but there is still a numerous class of persons who do and who are compelled perhaps to put off procuring medical assistance till the most favourable time for aiding recovery has passed, such as the poor clerk, the daily governess, the poor artist, the unskilled artizan, and the unbeneficed clergy ; hence, no doubt, is the cause and origin of the quickly developing and too flourishing dispensaries, medical aid associations, and private sick clubs, which have done much to bring medical treatment into contempt and so tended to depreciate surgical aid.

(3) Under the proposed State medical appointments these ill-conceived and often worthless attempts to provide in sickness for the deserving poor would disappear, for with free medicine they would no longer be required, and quackery would be at least diminished and with the advancing education and the late exposures perhaps ultimately disappear.

(4) These appointments would stimulate ambition, for promotion and increased income would only follow useful, successful, and praiseworthy work.

The valuable posts of distinction, with their comparatively large incomes, would prove valuable prizes and certainly develop the science and skill both of our learned physicians and of our most skilful surgeons.

(5) The competent general practitioner of good repute, the learned physician, nor the talented surgeon would any

longer be poor, for the supply would be regulated by the demand, and the poverty of our cloth would be at least diminished. That there is at present many deserving medical men with very straitened means and of very limited income is known to all of us, and it is a fallacy to gauge the welfare of the profession, the success and prosperity of the great body of the general practitioners, by the successful and pleasant men whom we so gladly meet and heartily welcome at the banquet table, and who may tell you, with pardonable pride and truth, that they receive larger fees and for less work than their fathers or predecessors.

(6) Has it not often occurred to you how much waste of medical men's time there is by their scattered practices, when you may have seen a small terrace of houses and three or four doctors attending. Many of you know of a small village and its good doctor, with respectable degree, who is neglected and slighted for three or four no abler men who live in an adjacent town.

State appointments would have a natural tendency to the localisation of our practices and the concentration of our patients.

#### THE EXCHANGE OF PRACTICES.

(7) The more frequent opportunities that would accrue of exchanging our practices would prove a boon and a relief that would, I think, be appreciated by the profession. Now, in the sister profession, the Church, exchange of livings are comparatively common, whereas I never or rarely hear of any exchange of a medical man's practice, except as *locum tenens* for a very limited period, and even then it is most unusual and hardly satisfactory ; but a medical man, like the clergyman, may find the climate where he is settled is not suited for either himself, his wife, or his children, or for various reasons the surroundings may not be congenial. He may find that while he is fond of surgery he has no opportunities of practising his surgical skill ; or, *vice-versâ*, a doctor who has had but limited or no opportunity of surgical practice, finds himself in the midst of a manufacturing district ; or a well-read and scientific man, with a learned or fashionable wife, soon discovers there is no society ; and for all these or many other reasons a change is desirable, and this, so easy for the clergyman, is in the case of the doctor only accomplished with much loss or very considerable inconvenience.

## THE PRACTICE OF MIDWIFERY.

The midwifery would be in the hands (by this proposed scheme) of the State district practitioners, as included the practice of obstetrics among the duties of the appointment ; but it would be lawful for the State general practitioner to charge a fee of two guineas or more for attending the wife of any person in her confinement whose husband was rated above 30/., but such fee to be determined at the time of registering the engagement, for there are many reasons for this fee—the engagement is for a special service that is known of and expected for a long time, not to charge would either prove a burden to the State or fall heavily on the medical man. All other patients for whom no fee would be asked or expected might be attended by the duly registered obstetric nurse, who would act merely as the recognised assistant of the medical man ; he alone would be engaged, and, while he would refer the patient to the obstetric nurse, would, both directly and indirectly, be responsible for the proper conducting of the labour and for the after-treatment. The patient would send to the obstetric nurse when labour pains commenced, and whose duty it would be to inform the doctor where she had gone, and only in perfectly normal cases would she be permitted to conduct the labour without his aid. It would be the medical man's duty to look in on his rounds and to see that the labour was a normal one that might safely be left to the competent registered obstetric nurse.

Under this scheme the word midwife would be abolished, and that of obstetric nurse substituted ; but the obstetric nurse would never be allowed to practise independently, but only where a doctor was engaged, and to whom she would be responsible and who would give supervision to the case. In this way many accidents of the lying-in chamber would be prevented, abnormal presentations recognised and corrected, and many lives saved and much serious illness and suffering avoided.

I think we have most of us more or less noticed the waste of time, or the very unremunerated if not absolutely idle time for several months of the newly-qualified medical man. I remember once dining with the late Dr. Steward when he told us of a young medical man of good promise who had

been house surgeon and house physician at his hospital, who asked him what he would advise him to do as he wished to commence practice. "Well," he replied, "seek a good neighbourhood, put your plate on the door, and go and travel for a year and then return and ask if anyone has enquired for you." This waiting time is often attempted to be relieved or tolerated by the man with means, by keeping within call of his hospital, filling minor appointments when opportunity fortunately offers and doing duty occasionally as *locum tenens* for his friends in the summer months, and by some ambitious men by writing books that are seldom read and still less seldom purchased, but are given away, and if they have a good title and are practically useful, may possibly be of value as a legitimate advertisement. But there are many newly-qualified men who cannot even obtain such minor appointments that I speak of, and are more or less hanging about hospitals looking after practices; and this certainly may be calculated to generate idleness if not vice, that otherwise would never have existed. Certainly it frequently damps the spirits and crushes the energy of the young medico, and even may lead him at last to resort for the *via vivendis* to the plans of the charlatan or to the resources of the ignorant.

Now, should my plan of State appointments ever exist, no such idle, useless wasting time would be; the overcrowding which now proves itself in the fact that there are more men willing to purchase practices than there are practices to be sold, would be considerably, and in due time, entirely cease, and the supply of medical men regulated according to the demand, for as the system developed every medical man, as soon as qualified and on receiving his license to practise, would receive an appointment. Those fortunate students who had already been nominated for the honourable and distinguished posts of resident hospital appointments would at once enter, others would receive appointments as assistants with a fair salary, to the State general practitioner or to a small country district with a certain prospect of succeeding in two or three years to a larger and more lucrative post; and ultimately, I hope, every doctor, upon receiving his diploma, would at the same time be appointed to a sphere of usefulness and of profitable experience. Just as no clergyman is ordained until he has received a letter of



ordination, upon which he will immediately after ordination be licensed to a curacy, so neither should a medical man, after he has successfully passed his examination and received his diploma, be allowed to drift in the sand of competition or lost in the sea of despondency.

#### LEISURE.

In all these appointments there ought to be sufficient leisure. I do not say that I advocate for a young and healthy medico an eight or six hours day; that luxury, however necessary it may be to the miner, is impossible for the doctor. But his work should not be crushing or excessive; opportunities for leisure and for reading *Festine lente* should be a possible and a useful motto. It is deplorable in these days of sick clubs, medical aid associations, provident dispensaries *et hoc genus omne*, to think how many lives are perhaps lost, not for want of skill of the doctor, but simply because he has no time to refer to his books in difficult or complicated cases, no time to read medical literature or to learn of new methods and improved treatment. What time can a medical man have at his disposal who, in addition to a large and laborious private practice, receives from his sick club £300 or £400 a year, when this no small sum is made up of the contributions of its members who pay only two-pence a week for themselves, wives and families, many of whom have numerous children?

#### FEES.

The system of receiving fees is, I believe, undignified and unworthy of a liberal and self-denying profession. Varied are the kind and courteous devices of our right-minded patients in their apology for inflicting this grievance upon us, and to mitigate which they, with delicacy, will wrap up in silver paper, or leave it on the mantel-piece, or perhaps, to make it less humiliating, will omit the shillings. But few of us I think have received in these more refined days the indignity offered to Sir Astley Cooper, who had a cheque for a £1,000 thrown at him in the nightcap of his good-natured patient.

Possibly some of my hearers may think this scheme too visionary, and that it can never become practical, but it has been my effort, by collecting statistics as to the number of

medical men necessary to supply the wants of the population, to obtain an estimate of the cost of this provision for free medical and surgical aid, and to prove that while the beneficial results would be inestimable it would lay no grievous burden impossible to be borne upon any-one, and the expense would be inappreciably felt by the nation. Some of our members may have possibly expected that I might have offered for your approval and for discussion a code of fees upon which this association might have fixed its *impri mater*, and sent to the General Medical Council to recommend for adoption by the profession; and this, perhaps, might have been interesting and useful if the Medical Council could or would have enforced its adoption; but until more pressure is brought to bear upon that conservative body—for its duties are, or ought to be, something considerably beyond maintaining a correct medical register and revising the pharmacopœia—such a proposal might be considered by the learned Council a mere impertinence, and would certainly be ineffectual and useless.

The question of fees is one involved in much difficulty, for men's capabilities vary much, and the opinion of their own merits, the opinion of the profession, and of the public even more. It has seemed to me, after very much thoughtful consideration, that medical and surgical fees could never be satisfactorily regulated. The most that ever could be attempted would be to fix a limit on the side of excess, and on the other, and the more important, the minimum fee that it should be lawful or etiquette for the medical man or surgeon to charge or accept; but this would be too often violated, and perhaps difficult to enforce.

Appreciating, as I do very highly, the service that the profession is capable of rendering to the public, and desirous that injustice should not be done to any section of its members, I desire to advocate what I have for long wished were possibly—*i.e.*, to abolish, as far as it is practicable, and without injustice to any, the payment of the profession by uncertain and very often inadequate fees. If I could practise my profession with a sufficient and regular stipend I would gladly never receive another fee. To do away with this opprobrium of fees would be an immense gain to the moral worth and social position of the profession, for this question of fees has done much to lessen us in the

public estimation, and caused us not infrequently to be misjudged by public opinion, which has sometimes thought us hard-hearted, callous, and indifferent, because familiar with suffering and want.

A modern poet, Robert Louis Stevenson, has written an elegy on the profession. In it he says so kindly and feelingly : "the generosity of the doctor is such as is only possible to those who practise an art, never to those who drive a trade." Has there not been of late too much of the commercial spirit in our midst, if not too little of the generous giving of the skill that is not infrequently priceless in its worth and merit ?

I would infinitely sooner get up on the coldest night to give relief such as follows the successfully performing of laryngotomy, or even of the skilful passing of a catheter in a very tight stricture, than receive a fee of unusual liberality and generosity ; there would be so much more satisfaction, so much more happiness, if the expectation and the receiving of fees could be blotted out from the sacredness of our art.

The practice of medicine and surgery is a God-like function and should never be degraded by the bartering or haggling (although seldom) after a fee, nor our skill and merit any longer gauged by the amount and largeness of the fees we may be able to demand. It has often occurred to me that we should no more ask for a fee for the relief of suffering than the clergyman of the present day would for baptising an infant, or for reading the services of the dead.

How much more would our services be appreciated, and ourselves deservedly honoured and beloved ; how much greater scope would there be for developing our best actions, our kindest nature, and our kindest thought, and more important still should we not in consequence have a very superior class enter the profession whose chief motives would be to honour God, to relieve pain, to cure the sick, and to sooth the dying. It has occurred to you perhaps, as it has to me, that should we not by this free provision of State medical aid in effect pauperise the public ? I reply this has, as regards medicine, been already done, and done, too, at the cost and the bringing to poverty of a large number of medical men. I read in the *Lancet* of September 30th that out of 52,000 people in Coventry, no less than 26,000

were in the Provident Dispensary, 4,000 were hospital patients, 2,000 Poor-law patients, and about 10,000 in various clubs, leaving only 10,000 for the twenty-three private practitioners. I have seen it mentioned more than once that one-third of the population of London receives, through its hospitals and other charities, gratuitous medical relief. From a published report I find 26,089 patients were relieved last year at the West London Hospital; the population of Hammersmith is 100,000. It is true that many of this number came from out-lying districts, but then a great many who reside in Hammersmith go to St. George's, St. Mary's, and other hospitals, so that the average is not materially altered.

The principle, too, of making medical provision free of charge has been virtually admitted and practised by Government now for some years in cases of infectious diseases as diphtheria, fevers, small-pox, and cholera, and has I think taught all classes to depend less on self and more on State aid in the emergency of sickness, and the comparatively rich and well-to-do have accepted very readily and thankfully without complaining gratuitous medical relief, and free board and residence when themselves or their children may have contracted scarlatina or other infectious disease. I think most of us present to-day have had some of our good paying patients removed from our care and treatment to the fever and other hospitals when suffering from an infectious disease. It would have doubtless surprised some of them to have been told they had been the recipients virtually of pauper relief.

In an article in the *Lancet*, October 21st, we are told, "When the first regulations were made for the public reception into hospitals for these infectious diseases, it was contemplated that only the poor and the needy classes would avail themselves of the provision, such patients as were in fact chargeable to the union or parishes in the metropolis, and it was with this restriction that the first provision was designed, and under later legislation, when it was found that other classes largely availed themselves of hospital treatment, and board and lodgings when afflicted with infectious disease, expenses were recoverable as a debt from the patient by the Board of Guardians of his union; but under still later legislation the patient or his relations



are no longer liable, and the expenses are paid out of the metropolitan common Poor-law fund—a fund that is raised by contributions from several unions, parishes, and places in the metropolis assessed according to rateable value upon precepts issued by the Local Government Board, and yet this is not considered pauper relief, and does not disfranchise.”

And what is the result of this indiscriminate medical relief but the breaking down of the whole system of isolation, and defeating the very object of the Notification Act, the prevention of infectious disease by this as I consider only partial experiment of limiting free medical aid excepting for paupers for the infectious diseases. It was stated at the last ordinary meeting of the managers of the Metropolitan Asylum Board, that for the fortnight ending October 5th, the number of notification of cases admissible into their hospitals were 4,140, but the actual admissions were 777, a little more than one-fifth of actual cases in the metropolis; the remainder had thus to continue in their homes, constituting various centres of infection and future illness damaging to the public health.

If the scheme I have proposed were ever successful, and free medical aid provided for all who needed, the District State Practitioner would, by their vigilance in calling the attention of the public authorities, see that adequate provision was made for the complete isolation of infectious disease. It would be as much their interest, and indeed their greater duty to prevent disease, than to treat it. All partial measures are unsatisfactory and unsuccessful. The act that provides or attempts to provide for the reception of patients into our fever and small-pox hospitals was passed for the benefit of the health of the public, and by making it apply to all classes it accepted the principle that I advocate—that of free medical attendance when ill, and of surgical skill when disabled by accident.

There is yet another reason I would hail with satisfaction the payment of the profession by fixed stipend; it would do away with the credit system: we suffer more than other professions, because we feel we cannot, in cases of necessity, and very often when it is not urgent, refuse our advice and aid, though the probability of payment is but small and distant.

It would be no slight gain to the profession if never required to make out another bill, and a great relief never to have the chance of visiting the county court, to be forever freed from the discomfort—I might almost say misery—of having to give evidence in that court of justice on a day when the court is crowded, and the inner circle allotted to the counsel and solicitors is full, and we medical men, for whom no place is provided, and sometimes little courtesy is shown, have to herd with the crowd.

Dr. Leslie Philips states in the *Lancet*, June 6th, that the well-to-do classes are adopting, with a not unnatural avidity, the *fixed wage paid* medical service under conditions of great dependence, inconsistent with the conscientious performance of medical duties, at 4/- per annum per head, and as an actual example he tells us never to forget Stourport; and this flourishing little town, with a population in 1891 of 3,504, the almost entire number (3,058) were members of the Medical Aid Association, and the number is still rising.

If we, therefore, do not wish to see the medical profession, with all its honoured traditions, swamped in the wave of commercial speculation now rapidly passing over it in the form of this inadequate wage-paid medical service; if the medical practitioners of this country have any desire to rescue from the impending wreck their status, their honour—nay, themselves and their families, now is the time to respond—if not to the call to arms, as Dr. Leslie advises, at any rate to that of discussion, deliberation, and action that may arrest the threatened evil. Medical men, whilst ever on the alert for the public good, are too apathetic in attempting the redress of their own grievances; in this the doctor has much of the mind of the philosopher and accepts of wrongs, of indignities with stoic calmness and cool indifference, consoling himself that philosophy and contentment forbade the wasting of time by discussing the inevitable and what appears to be without remedy, but let us hope with more unanimity in our ranks, with lessened jealousy, and no rivalry save that of doing good. The profession will evince less hopelessness in the efforts that may be made to advance the interests and brighten the prospects of the profession, for with good organization much may be done with a society as vigorous, as enterprising as the Medical Practitioners' Association,

established not for the interests of its members only but of the whole profession, should this despair of a remedy any longer continue? I think not. Hindsight, the author of "Looking Backward" says is better even than foresight; and I think it is so, for in the former we have the advantage of experience and diminished chance of evil. We will then look backward at what our profession has suffered from want of union and of unworthy competition; we will look around us at the *present evils* hurtful alike or even more injurious to the public than ourselves; we will look hopefully forwards in the strength of our Society, for we must rid ourselves of the evil that is in our ranks; our profession must be purged of the medical aid associations with their touting by the middle man; from provident dispensaries that are not provident but charitable; from the abuse of special hospitals; from the many private dispensaries, sick clubs and other kindred institutions that have so impoverished us, started as they may have been for the ostensible relief of the suffering poor, but developing and degenerating quickly into business undertakings, with all the greed and avarice of commercial enterprise of a low and undesirable type.

I think, in this scheme of State medical appointments for attending upon the great majority of the population, we shall have increased opportunities of developing latent ambition and increasing the usefulness of the doctor who will do his best work untrammelled by the fear of grim poverty, or unclouded by frosty want. No longer will so many of our medical men long for extinction, but freed from unnecessary care will go on life's way rejoicing, and with singleness of heart rendering three-fold their opportunities of transforming the suppressed cry of grief and pain into the smile of ease and the voice of gratitude.

Members of the Medical Practitioner's Association, to all who have honoured me by their presence this afternoon, I thank you greatly for the patience with which you have listened to what I fear some of you may have regarded as an impossible scheme, and yet I would hope that I have, at least, directed attention to the fly in the apothecaries' ointment, and to evils that undoubtedly exist, and that tend so much to prolong illness and to prevent recovery, and thereby lessen and destroy the health and wealth of the nation.

Many an enterprise, many an idea, that in the past has so

immensely added to the comfort of the million, when first mooted, has appeared absurdly chimerical and utterly impossible, the good words spoken falling often unheedingly as "in whispering places wherein men who are near hear nothing, but those afar off heard in full."

The payment of the great majority of medical men by a fixed and adequate government stipend, and his work limited to a certain area, similar to the parish of a clergyman, has to my mind much to recommend for its adoption, and would, I hopefully trust when developed into a ripened maturity, prove eventually the appropriate remedy for the evils from which we suffer, and promises more to remove and lessen the grievances that so cling to the medical profession than any attempt that has yet been suggested.

It is now my privilege to invite your discussion not only on the scheme to which you have so kindly listened, and to which I solicit your careful consideration, your opinion and your co-operation, but also on this vexed question of fees for the better and more adequate remuneration of the medical man, and more especially of the general practitioner.

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